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Jan 29 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37799 (6)

1. Corporation Name

GULF COAST TRIATHLON FOUNDATION, INC.

Principal Place of Business

Mailing Address

% JEFFREY P. WHITTON
565 HARRISON AVE.
PANAMA CITY FL 32401

% JEFFREY P. WHITTON
565 HARRISON AVE.
PANAMA CITY FL 32401-2621



2. Principal Place of Business

2a. Mailing Address

21 1618 Isabella Ave

26 P.O. Box 9719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Panama City, FL

28 Panama City Beach, FL

24 32401 25 USA

29 32417 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/24/1990

3a. Date of Last Report

02/19/1996

4. FEI Number

59-2308102

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

WHITTON, JEFFREY P.
565 HARRISON AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Shelley A. Bramblett

82 Street Address (P.O. Box Number is Not Acceptable)

3644 Oakbrook Lane

83

84 City

Panama City Beach FL

85 Zip Code

32408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Shelley A. Bramblett

Shelley A. Bramblett, Treasurer

1/17/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WALBY, DAVID
STREET ADDRESS 469 W. 23RD ST. SUITE 201
CITY-ST-ZIP PANAMA CITY FL

TITLE DT ☒ DELETE

NAME COSTON, STANFORD W.
STREET ADDRESS 7926 S. LAGOON DR.
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE DS ☐ DELETE

NAME MCTRUSTY, TIM
STREET ADDRESS 114 SAND DOLLAR DR.
CITY-ST-ZIP PANAMA CITY BC

TITLE D ☐ DELETE

NAME BOYD, DAVID
STREET ADDRESS 6700 LETOHATCHEE
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME SWIGLER, ALAN
STREET ADDRESS 23 HARRISON AVE.
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE

NAME SIMS, CAROL
STREET ADDRESS 7306 MARKET STREET
CITY-ST-ZIP SOUTHPORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DT ☐ Change ☒ Addition

2.2 NAME Bramblett, Shelley A.

2.3 STREET ADDRESS 3644 Oakbrook Lane

2.4 CITY-ST-ZIP Panama City Beach, FL 32408

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shelley A. Bramblett

1/17/97

(204) 230 2100

CR2E037 (9/96)